

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52		/				
3							53	/					
4							54		/				
5							55		/				
6							56		/				
7							57	/					
8							58		/				
9							59		/				
10							60		/				
11							61	/					
12							62		/				
13							63		/				
14							64		/				
15							65	/					
16							66		/				
17							67		/				
18							68		/				
19							69	/					
20							70		/				
21							71		/				
22							72		/				
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37			/				87						
38			/				88						
39			/				89						
40			/				90						
41			/				91						
42			/				92						
43			/				93						
44			/				94						
45			/				95						
46			/				96						
47			/				97						
48			/				98						
49			/				99						
50			/				100						
TOTAL IND.							TOTAL IND.	9					
TOTAL DEP.							TOTAL DEP.	31					
TOTAL CLAIMS							TOTAL CLAIMS	40					